SIGNATURE: EDWIN LEE	
SIGNATURE. EDWIN LEE	

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034757

Entity Name: INSTITUTE FOR HORMONAL BALANCE, LLC

Current Principal Place of Business:

7009 DR. PHILLIPS BLVD. 150 ORLANDO, FL 32819

Current Mailing Address:

7009 DR. PHILLIPS BLVD. 150 ORLANDO, FL 32819

FEI Number: 26-2764835

Name and Address of Current Registered Agent:

LEE, EDWIN MD 7009 DR. PHILLIPS BLVD. 150 ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	EDWIN LEE	01/20/2020
	Electronic Signature of Registered Agent	Date

Authorized Person(s) Detail :

Title MGRM LEE, EDWIN NM.D. Name 7009 DR. PHILLIPS BLVD STE. 150 Address

City-State-Zip: ORLANDO FL 32819

Jan 20, 2020 Secretary of State 6018662153CC

FILED

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SNATURE:	EDWIN LEE	

OWNER

01/20/2020 Date